

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 10/642765	<small>FILING DATE</small>				
							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.	NO.	IND.	DEP.	NO.	IND.	DEP.
1							61					
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TOTAL IND. 53							TOTAL IND. 10					
TOTAL DEP. 19							TOTAL DEP. 10					
TOTAL CLAIMS 72							TOTAL CLAIMS 20					